PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information PHA Name: Housing Authority of the City of PHA Type: ☐ Small ☑ High PHA Fiscal Year Beginning: (MM/YYYY):	Performing	PHA Code: OK139 ☐ Standard	HCV (Section 8)		
2.0	Inventory (based on ACC units at time of F Number of PH units: 173	Y beginning	in 1.0 above) Number of HCV units: 1	185		
3.0	Submission Type ☑ 5-Year and Annual Plan	Annual	Plan Only	5-Year Plan Only		
4.0	PHA Consortia	HA Consorti	a: (Check box if submitting a join	nt Plan and complete table be	low.)	
	Participating PHAs	PHA Code	Program(s) Included in the	Programs Not in the Consortia	No. of Unit	
	PHA 1;	0000	Comporting	Comportin	PH	HCV
	PHA 2:				+	
	PHA 3:					<u> </u>
5.0	5-Year Plan. Complete items 5.1 and 5.2 or	ıly at 5-Year	Plan update.			
5.1	Mission. State the PHA's Mission for servi jurisdiction for the next five years: The mission of the Housing Authority of the adequate and affordable housing, economic Goals and Objectives. Identify the PHA's	c City of Non opportunity a	man is the same as the Department and a suitable living environment	nt of Housing and Urban Dev free from discrimination.	elopment: To p	oromote
	low-income, and extremely low-income farm and objectives described in the previous 5-Y Goals and objectives: Expand the supply of private or public funds to create additional hon our PHAS and SEMAP scores and continuandlords and continue voucher homeowner improvements and designating development sufficiency and asset development of assiste equal opportunity and affirmatively further measure to provide a suitable living environ familial status and disability. Progress: Public Housing Properties have butilization rate is high. Vacancy rates in Pul	ear Plan. assisted hou ousing opportune to increase ship program s or building d households fair housing t ment for fam een rehabbed	sing by applying for additional vertunities. Improve quality of assise customer satisfaction. Increase. Provide an improved living ensist or particular resident groups (estate in the state of the state in the stat	ouchers, reduce public housing sted housing by maintaining of assisted housing choices by vironment by reviewing publicherly, persons with disabilitinage of employed persons in ensure access to assisted hougardless of race, color, religione with non assisted properties	g vacancies and our status as hig outreach to pote c housing secur es). Promote so assisted familio sing and taking on, national orig	I leverage th performer ential voucher ity elf- es. Ensure affirmative tin, sex,
6.0	(a) Identify all PHA Plan elements that hav No elements have been revised other than the animals in Public Housing.				motional suppor	rt/assist
	(b) Identify the specific location(s) where the elements, see Section 6.0 of the instructions Our 5-year and Annual PHA Plan can be republic housing office. Also, our RAB research	viewed or rec eceived copie	eive a copy of at our administrates of our 5-year and Annual PHA	ive office, which is located in Plan.	the same parking	ng lot as the
7.0	Hope VI, Mixed Finance Modernization of Programs, and Project-based Vouchers.				Iousing, Home	ownership
	The Housing Authority of the City of Norm 2005 and have managed to maintain their m			vith two participants. The ho	me closings we	re in 2004-
8.0	Capital Improvements. Please complete P	arts 8.1 throu	igh 8.3, as applicable.			•
8.1	Capital Fund Program Annual Statement complete and submit the Capital Fund Program Open CFP grant and CFFP financing.					

Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Capital Fund Financing Program (CFFP). 8.3 Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address 9.0 issues of affordability, supply, quality, accessibility, size of units, and location. The Public Housing waiting list currently has 50 approved applications and the Section 8 Program waiting list currently has 949 approved applications. Of these approved applications 95% are extremely low income, 56% families with children, 9% elderly families, 26% families with disabilities. 75% race/ethnicity White, 17% race/ethnicity Black/African American, 7% race/ethnicity American Indian and 1% race/ethnicity Asian. The bedroom sizes needed in each waiting list is equal, except a higher need for one bedrooms in Public Housing. The Housing Authority of the City of Norman plans to address these needs by applying for additional Section 8 Vouchers if they become available and to pursue housing resources other than public housing or Section 8 Tenant-Based assistance. Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. 9.1 The Housing Authority of the City of Norman plans to maximize the number of affordable units available within its current resources by reducing turnover time for vacated public housing units, ensure access to affordable housing among families assisted by the Housing Authority regardless of unit size required, maintain Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of the program and participate in the Consolidated Plan development process to ensure coordination with broader community strategies, Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. 10.0 Progress: Public Housing Properties have been rehabbed and are looking very much in line with non assisted properties. Section 8 Program utilization rate is high. Vacancy rates in Public Housing are very low. The Housing Authority of the City of Norman is a high performer. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial Deviation from the 5-Year Plan shall be a change other than HUD mandated, or required due to financial hardships of the Housing Authority of the City of Norman to include funding cuts by HUD. Shall not be for Capital Fund changes needed to address emergency repairs of items threatening the life, safety, health or property of the residents or the Housing Authority of the City of Norman.

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)

Significant Amendment or Modification of the Annual Plan is anything not listed above.

- (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
- (g) Challenged Elements
- (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Capital Fund Program—Five-Year Action Plan

Par	Part I: Summary					
Non	Norman Housing Authority OK139	6	Norman, Clevel	Norman, Cleveland County, OK	⊠Original 5-Year Plan	Revision No:
₄	Development Number and	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
į	OK 139	FFY 2009		4 4 4		
	Norman Housing Authority					
മ്	Physical Improvements Subtotal	Majoridas Statismystot	192,400	173,000	194,000	191,000
ij	Management Improvements		19,600	31,000	12,000	15,000
Ä	PHA-Wide Non-dwelling Structures and Equipment					
щ	Administration		0	8,000	000°9	6,000
Œ,	Other					
უ	Operations		25,000	25,000	25,000	25,000
H	Demolition					
]	Development					
J.	Capital Fund Financing –					
	Debt Service					
K.	Total CFP Funds					
i	Total Non-CFP Funds					
Ä	Grand Total		237,000	237,000	237,000	237,000

Capital Fund Program—Five-Year Action Plan

	No:	Work Statement for Year 5													
	Revision No:		_ FFY _		,										
	Original 5-Year Plan	Work Statement for Year 4	FFY												
	ocality (City/county & State)	Work Statement for Year 3	FFY												
	Locality (City/	Work Statement for Year 2	FFY												
tion)		Work	Statement for	Year 1	FFY		// Separate	Statement							
Part I: Summary (Continuation)	PHA Name/Number	Development Number	and Name	OK 139	Norman Housing	Authority								:	
Part	PHA	ĺ	₹								_				

Part II: Sur	Part II: Supporting Pages - Physical Needs Work Statement(s)	I Needs Work State	ment(s)			9 9 9 9 9 9
Work Statement for	K	Work Statement for Year <u>2</u> FFY <u>2010</u>		Δ	Work Statement for Year: 3 FFY 2011	
Year 1 FFY 2009	Development Number/Name General Description of Maior Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Maior Work Categories	Quantity	Estimated Cost
	002 - Roof Repair	28	150,000	001 - Energy Retrofit	91 Units	150,000
Stetchology	002 – Landscape 002 – Appliances	8	4,000	002 – Appliances	8	4,000
		ī.				
	003 – Appliances	8	4,000	003 – Appliances	8	4,000
	HA Wide – Lawn Treatment	91	15,000	HA Wide – Lawn Treatment	91	15,000
	HA Wide - Curb Repair		9,400			
	Subto	Subtotal of Estimated Cost	\$192,400	Subi	Subtotal of Estimated Cost	\$173,000

	for Year: <u>5</u> 13	ty Estimated Cost	173,000		1,500		1,500		15,000				ated Cost \$191,000
	Work Statement for Year: 5 FFY 2013	Development Number/Name General Description of Major Work Categories	RRV Kitchen/Bath Rehab		2 – Appliances 4		002 – Appliances 4		HA Wide – Lawn Treatment				Subtotal of Estimated Cost
ment(s)		Estimated Cost N Gene Gene Major	169,000 RR		5,000 002		5,000 00		15,000 HA			773	\$194,000
Part II: Supporting Pages – Physical Needs Work Statement(s)	Work Statement for Year 4 FFY 2012		h 45								:		Subtotal of Estimated Cost
pporting Pages - Ph		Development Number/Name General Description of Maior Work Categories	RRV Kitchen/Bath Rehab		001 - Landscape		002 - Landscape		HA Wide - Lawn	Tionmore Williams			
Part II: Su	Work Statement for	Year 1 FFY 2009	Statement										

Capital Fund Program—Five-Year Action Plan

Work Statement for Year: 3 FFY 2011 Development Number/Name General Description of Major Work Categories Operations Training Maintenance Truck Computer Upgrade Administration Administration Subtotal of Estimated Cost	Part III: Su	Part III: Supporting Pages - Management Needs Work Statement(s)	Statement(s)		
Development Number/Name	Work	Work Statement for Year 2		Work Statement for Year: 3	
Development Number/Name Estimated Cost Development Number/Name General Description of Major Work Categories 25,000 Operations Operations Training 6,000 Training Uniforms & Maintenance Equipment 6,000 Maintenance Truck Computer Upgrade & Software 4,600 Administration Energy Audit Administration Subtotal of Estimated Cost \$4,600 Subtotal of Estimated Cost	Statement for	FFY 2010		FFY 2011	
Operations 25,000 Operations Training 6,000 Training Uniforms & Maintenance Equipment 6,000 Maintenance Truck Computer Upgrade & Software 3,000 Computer Upgrade Energy Audit 4,600 Administration Energy Audit Administration Energy Audit Administration Subtotal of Estimated Cost \$44,600 Subtotal of Estimated Cost \$44,600	Year 1 FFY 2009	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Maior Work Categories	Estimated Cost
faintenance Equipment 6,000 Training grade & Software 3,000 Computer Upgrade 4,600 Administration Administration Administration Subtotal of Estimated Cost \$44,600 Subtotal of Estimated Cost \$44,600		Operations	25,000	Operations	25,000
faintenance Equipment 6,000 Maintenance Truck grade & Software 3,000 Computer Upgrade 4,600 Administration Administration Subtotal of Estimated Cost	1 September 1	Training	6,000	Training	900'9
grade & Software 3,000 Computer Upgrade 4,600 Administration 1 Administration 2 Administration 3 Administration 4,600 Administration 3 Administration 4,600 Subtotal of Estimated Cost Subtotal of Estimated Cost \$44,600	//Skakehkehk/	Uniforms & Maintenance Equipment	000'9	Maintenance Truck	22,000
4,600 Administration 4,600 Administration 84,600 Subtotal of Estimated Cost		Computer Upgrade & Software	3,000	Computer Upgrade	3,000
Subtotal of Estimated Cost \$44,600 Subtotal of Estimated Cost		Energy Audit	4,600	Administration	8,000
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost					
\$44,600 Subtotal of Estimated Cost				The second secon	
\$44,600 Subtotal of Estimated Cost					
			\$44,600		\$64,000

U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/20011

Capital Fund Program-Five-Year Action Plan

Part III: Su	Part III: Supporting Pages - Management Needs Work	Statement(s)		
Work Statement for	Work Statement for Year 4 FFY 2012		Work Statement for Year: 5 FFY 2013	
Year 1 FFY 2009	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	Operations	25,000	Operations	25,000
11/8/2008/	Training	900'9	Training	6,000
//State of the	Uniforms	3,000	Computer Upgrade & Software	8,000
	Radios/Communications	3,000	Office Chairs	1,000
	Administration	6,000	Administration	6,000
	Subtotal of Estimated Cost	\$43,000	Subtotal of Estimated Cost	\$46,000

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

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Part I: Summary	ummary						
PHA Name: N AUTHORITY	PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950109 Replacement Housine Earter Grant No:	3950109			FFY of Grant: 2009 - ARRA FFY of Grant Approval:	9 - ARRA roval:
		Date of CFFP:					
Type of G	Type of Grant	; ;			•		
	n Repor	L Reserve for Disasters/Emergencies t for Period Ending:		L Revised Annual Statement (revision no: Final Performance and Evaluation Report	nt (revision no: valuation Report	•	
Line	Summary by Development Account	Account	I	Total Estimated Cost		Total Actual Cost 1	
			Original	Revised ²	Obligated	Expended	
-	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	eed 20% of line 21) 3					
3	1408 Management Improvements	ents					
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)					
5	1411 Audit	· Constitution of the cons					
9	1415 Liquidated Damages						
7	1430 Fees and Costs						
∞	1440 Site Acquisition						
6	1450 Site Improvement		12,524				
10	1460 Dwelling Structures		225,414				
11	1465.1 Dwelling Equipment—Nonexpendable	-Nonexpendable					
12	1470 Non-dwelling Structures		47,986				
13	1475 Non-dwelling Equipment	ıt	15,000				
14	1485 Demolition						
15	1492 Moving to Work Demonstration	ıstration					
16	1495.1 Relocation Costs						
17	1499 Development Activities 4	4					

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part No. Part No.	Part I: S	Part I: Summary					$\overline{}$
pe of Grant Continual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: Total Estimated Cost	PHA Nan NORMAI HOUSIN(AUTHOR	" YT		FFY of G	rant:2009 - ARRA rant Approval:		
Original Annual Statement ☐ Revised Annual Statement (revision ao: Total Entrance and Evaluation Report for Period Ending: Total Entrance and Evaluation Report for Period Ending: Total Entrance and Evaluation Report Total Actual Cost	Type of G						
Performance and Evaluation Report for Period Ending: Internation and Evaluation Report for Period Ending: Total Estimated Cost Total Actual Cost Total Estimated Cost Total Actual Cost Total Estimated Estimate	Orig			Revised Ann	nal Statement (revision no:	•	
re Summary by Development Account Total Estimated Cost Total Actual Cost 1 a 1501 Collateralization or Debt Service paid by the PHA Amount of Direct Revised 2 Obligated 2 Expe a 9000 Collateralization or Debt Service paid Via System of Direct Payment	- Perf	ormance and Evaluation Report for Period Ending:		☐ Final Perfor	nance and Evaluation Report		
1501 Collateralization or Debt Service paid by the PHA Original Revised ? Obligated Expe 3a 9000 Collateralization or Debt Service paid Via System of Direct Payment Amount of Line 200 Service paid Via System of Direct Payment Payment<	Line	Summary by Development Account	Total Estim		Total Ac	tual Cost 1	_
1501 Collateralization or Debt Service paid by the PHA 2000 Collateralization or Debt Service paid Via System of Direct Payment 1502 Contingency (may not exceed 8% of line 20) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Beargy Conservation Measures Amount of line 20 Related to Beargy Conservation Measures Amount of line 20 Related to Beargy Conservation Measures Amount of line 20 Related to Executive Director Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Executive Director Amount of line 20 Related to Executive Director			Original	Revised 2		l	1
2000 Collateralization or Debt Service paid Via System of Direct Payment	18a	1501 Collateralization or Debt Service paid by the PHA					
1502 Contingency (may not exceed 8% of line 20)	18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					1
Amount of Annual Grant: (sum of lines 2 - 19) Amount of Sedated to LBP Activities Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures Signature of Public Housing Director	19	1502 Contingency (may not exceed 8% of line 20)					1
Amount of line 20 Related to LBP Activities Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Rel	20	Amount of Annual Grant:: (sum of lines 2 - 19)					
Amount of line 20 Related to Section 504 Activities Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Energy Conservation Measures Signature of Public Housing Director	21	Amount of line 20 Related to LBP Activities					
Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Energy Conservation Measures Date Signature of Public Housing Director	22	Amount of line 20 Related to Section 504 Activities					-
Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures Amount of line 20 Related to Energy Conservation Measures Bate Signature of Public Housing Director	23	Amount of line 20 Related to Security - Soft Costs					
Amount of line 20 Related to Energy Conservation Measures Bate Signature of Public Housing Director	24	Amount of line 20 Related to Security - Hard Costs					
Date Signature of Public Housing Director	25	Amount of line 20 Related to Energy Conservation Measures					
	Signatu		Signatur	e of Public Housing Di	rector	Date	

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part II: Sunnorting Pages							
PHA Name: NORMAN]	HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56513950109 CFFP (Yes/ No)	OKS65139501	60	Federal I	Federal FFY of Grant: 2009-ARRA	
	Replac	Replacement Housing Factor Grant No:	ant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	d Cost	Total Actual Cost	Status of Work
				Original R	Revised ¹	Funds Funds Obligated ² Expended ²	
OK56P139001	LOBBY FURNISHINGS	1475	5 LOBBIES	15,000			
OK56P139001	HVAC REPAIR & ADDITIONS	1460		000,09			
	INSTALL NEW & REPLACE EXISTING APARTMENT LIGHTS	1460		36,400			
OK56P039002	SIDEWALK & PARKING REPAIR	1470		47,986			
	REPLACE WINDOWS	1460	44 UNITS	54,971			
	LANDSCAPE & DRAINAGE REPAIR	1450		12,524			
OK56P139003	REPLACE WINDOWS	1460	38 UNITS	74,043			
TOTAL				300,924			
. 6.		7.70					

 $^{^1{\}rm To}$ be completed for the Performance and Evaluation Report or a Revised Annual Statement. $^2{\rm To}$ be completed for the Performance and Evaluation Report.

									-
					<u> </u>				
	Funds Expended ²	Funds Obligated ²	Revised 1	Original					
Status of Work	Ost	Total Actual Cost	Estimated Cost	Total Estima	Quantity	Development Account No.	jor Work	General Description of Major Work Categories	Development Number Name/PHA-Wide Activities
					rant No:	CFFP (Yes/ No): Replacement Housing Factor Grant No:	Replacer		
	09 - ARRA	Federal FFY of Grant: 2009 - ARRA	Federal I	[09]	o: OK56P139501	Grant Type and Number Capital Fund Program Grant No: OK56P13950109	Grant T Capital F	OUSING AUTHORITY	PHA Name: NORMAN HOUSING AUTHORITY
									Part II: Supporting Pages

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	financing Program			
PHA Name: NORMAN HOUSING AUTHORITY	SING AUTHORITY				Federal FFY of Grant: 2009 - ARRA
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OK56P039001	11/2009		6/2010		
OK56P139002	11/2009		6/2010		
OK56P139003	11/2009		6/2010		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended

Development Number Name/PHA-Wide (Quarter Ending Date) All Fund Obligated (Quarter Ending Date) Activities Original Obligation End Date Date Date Original End Date Original End Date Original End Date Date Original End Date Date Original End Date Date Original Expenditure End Date Date Date	Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: NORMAN HOUSING AUTHORITY	dule for Capital Fund ISING AUTHORITY	Financing Program			Federal FFY of Grant: 2009 - ARRA
Original Actual Obligation Original Expenditure End Date	Development Number Name/PHA-Wide Activities	All Fund (Quarter H	Obligated inding Date)	All Fund (Quarter I	s Expended Ending Date)	Reasons for Revised Target Dates 1
	And the second s	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: Summary	ummary				THOSE STATE AND A STATE OF THE
PHA Name: N AUTHORITY	PHA Name: NORMAN HOUSING AUTHORITY Capital Fund Program Grant No: OK56P13950109 Replacement Housing Factor Grant No: Date of CFFP:	.3950109			FFY of Grant Approval:
Type of G	Type of Grant ☐ Reserve for Disasters/Emergencies		☐ Revised Annual Statement (revision no:	evision no:	
☐ Perfor	n Report f		Final Performance and Evaluation Report		
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	25,000			
3	1408 Management Improvements	6,000			
4	1410 Administration (may not exceed 10% of line 21)	8,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000			
10	1460 Dwelling Structures	183,734			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.
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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Expires 4/30/2011	OMB No. 2577-0226	
4/30/2011	2577-0226	d

Date	ag Director	Signature of Public Housing Director		Signature of Executive Director Date	nature of Exe	Sig
			26,000	Amount of line 20 Related to Energy Conservation Measures	Amount	25
				Amount of line 20 Related to Security - Hard Costs	Amount	24
		•		Amount of line 20 Related to Security - Soft Costs	Amount	23
				Amount of line 20 Related to Section 504 Activities	Amount	22
				Amount of line 20 Related to LBP Activities	Amount	21
			237,734	Amount of Annual Grant:: (sum of lines 2 - 19)	Amount	20
				1502 Contingency (may not exceed 8% of line 20)	1502 Co	19
				9000 Collateralization or Debt Service paid Via System of Direct Payment		18ba
				1501 Collateralization or Debt Service paid by the PHA	1501 Co	18a
Expended	Obligated	Revised ²	Original			
Total Actual Cost	Total A	Total Estimated Cost	7	Summary by Development Account		Line
	Final Performance and Evaluation Report	☐ Final P		Performance and Evaluation Report for Period Ending:	Performance a	
	Revised Annual Statement (revision no:	☐ Revised	cies	ual Statement Reserve for Disasters/Emergencies	Original Annual Statement	
					Type of Grant	Typ
	FFY of Grant Approval:	FF		Grant Type and Number Capital Fund Program Grant No: OK56P13950109 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: NORMAN HOUSING AUTHORITY	HOU AUT
	1 TO	NOTES.	Ē	У	Part I: Summary	Part

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: NORMAN I	HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	vo: OK56P13950 Grant No:	109	Federal H	FY of Grant: 20	Federal FFY of Grant: 2009 CFP - NON ARRA	VRRA
Development Number Name/PHA-Wide	General Description of Major Work Categories	Development Account No.	Quantity	Total Estima	Estimated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	LAWN TREATMENT & CARE	1450		13,000				
	STAFF DEVELOPMENT	1408		6,000				-
	OPERATIONS	1406		25,000				
	ADMINISTRATION	1410		8,000				
OK56P139001	WATER CONSERVATION RETROFIT	OFIT 1460	91	2,000				
OK56P139002	INSULATION OF UNITS	1460	38	12,000				
	ROOF & SIDING REPAIR	1460	38	97,734				
	LANDSCAPE WORK	1450	P	1,000				
OK56P139003	INSULATION	1460	38	12,000				
	ROOF & SIDING REPAIR	1460	38	60,000				
	LANDSCAPE WORK	1450	-	1,000				
TOTAT				727 721				
IOIAL				237,734				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: NORMAN HOUSING AUTHORITY	dule for Capital Fund	Financing Program			Federal FFY of Grant: 2009 CFP - NON ARRA
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE	1/2010		1/2011		
OK56P139001	1/2010		1/2011		
OK56P139002	1/2010		1/2011		
OK56P139003	1/2010		1/2011		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: NORMAN HOUSING AUTHORITY	dule for Capital Fund	Financing Program			Federal FFY of Grant: 2009 CFP - NON ARRA
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
		1			

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary	ummary					
PHA Name: N AUTHORITY	PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950108 Replacement Housing Factor Grant No: Date of CFFP:	50108			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant Original A	nnual Statement	Reserve for Disasters/Emergencies		☐ Revised Annual Statement (revision no:	on no:)	
☐ Perfor	n Report	for Period Ending:		Final Performance and Evaluation Report	ort	
Line	Summary by Development Account	Account	Total	Total Estimated Cost		Total Actual Cost 1
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) 3	seed 20% of line 21) 3	28,000			
З	1408 Management Improvements	ents	8,000			
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)				
2	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
6	1450 Site Improvement		27,464		-	
01	1460 Dwelling Structures		157,270			
11	1465.1 Dwelling Equipment—Nonexpendable	-Nonexpendable				
12	1470 Non-dwelling Structures	3				
13	1475 Non-dwelling Equipment	it .	17,000			
14	1485 Demolition					
15	1492 Moving to Work Demonstration	stration				
16	1495.1 Relocation Costs					
17	1499 Development Activities 4	4				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

							Expires 4/30/2011
Part I: Summary	mary						
PHA Name: NORMAN					FFY of Grant:2008 FFY of Grant Appr	FFY of Grant:2008 FFY of Grant Approval:	
HOUSING AUTHORITY	Replacement Housing Factor Grant No: Date of CFFP:				4.		
Type of Grant							
Original	Original Annual Statement 🔲 Reserve for Disasters/Emergencies	ies		□ Rev	ised Annual	Revised Annual Statement (revision no:)
Perform	Performance and Evaluation Report for Period Ending:			☐ Fins	d Performan] Final Performance and Evaluation Report	
Line S	Summary by Development Account	To	Total Estimated Cost	ed Cost		Total Ac	Total Actual Cost 1
		Original		Revised 2		Obligated	Expended
18a 1:	1501 Collateralization or Debt Service paid by the PHA						
18ba 9	9000 Collateralization or Debt Service paid Via System of Direct Payment		:				
19 1:	1502 Contingency (may not exceed 8% of line 20)						
20 A	Amount of Annual Grant:: (sum of lines 2 - 19)	237,734					
21 A	Amount of line 20 Related to LBP Activities						
22 A	Amount of line 20 Related to Section 504 Activities						
23 A	Amount of line 20 Related to Security - Soft Costs						
24 A	Amount of line 20 Related to Security - Hard Costs						
25 A	Amount of line 20 Related to Energy Conservation Measures						
Signature o	Signature of Executive Director Date		Signature	Signature of Public Hou	Housing Director	tor	Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages			:			!!		
PHA Name: NORMAN I	HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	No: OK56P13950 Grant No:	108	Federal F	Federal FFY of Grant: 2008	98	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Vork Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised T	Funds Obligated ²	Funds Expended ²	
HA WIDE	TRAINING	1408		8,000				
	OPERATIONS	1406		25,000				
	UNIFORMS	1406		3,000				
	FENCE REPAIR	1450		11,734				
	LAWN EQUIPMENT	1475		2,000				
	MISC. MAINTENANCE TOOLS	1460		2,000				
	LAWN TREATMENTS & MOWING	NG 1450		15,000				
OK56P139001	HALL & LAUNDRY A/C	1460	12	60,000				
	CLEAN DUCTS	1460		80,000				
COMMON AREA	ADDITIONAL INTERIOR LIGHTING		91	25,000				
	LOBBY FURNISHINGS	1475	2	5,000				
OK56P139002	LANDSCAPING	1450		1,000				
Total				237,734				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

										Activities		Development Number	Part II: Supporting Pages PHA Name: NORMAN HOUSING AUTHORITY	
											Categories	General Description of Major Work		
				 								Vork	Grant Typ Capital Fu CFFP (Yes Replaceme	
											Account No.	Development	Grant Type and Number Capital Fund Program Grant No: OK56P13950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:	
											,	Ouantity	OK56P139501	
									Original			Total Estima	08	
									Revised `	! . ! . !		l Estimated Cost	Federal F	
									Funds Obligated ²	•		Total Actual Cost	Federal FFY of Grant: 2008	
						:			Funds Expended ²			ost	08	
												Status of Work		

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: NORMAN HOUSING AUTHORITY	ISING AUTHORITY				Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL ACTIVITIES	10/2009		4/2010		
					:

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: NORMAN HOUSING AUTHORITY	dule for Capital Fund SING AUTHORITY	Financing Program			Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	bunmary				200
PHA Name: N AUTHORITY	PHA Name: NORMAN HOUSING AUTHORITY Grant Type and Number Capital Fund Program Grant No: OK56P13950107 Replacement Housing Factor Grant No: Date of CFFP:	13950107			FFY of Grant Approval:
Type of Grant	pe of Grant Original Annual Statement Reserve for Disasters/Emergencies		☒ Revised Annual Statement (revision no:4/2009	revision no:4/2009)	
☐ Perfor	Performance and Evaluation Report for Period Ending: 2		Final Performance and Evaluation Report		
Line	Summary by Development Account	Tot	Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	13,000	61,847.24	13,000	13,000
33	1408 Management Improvements	24,000	21,327.09		
4	1410 Administration (may not exceed 10% of line 21)	16,000	8,000		
5	1411 Audit				
6	1415 Liquidated Damages	-		•	
7	1430 Fees and Costs				
∞	1440 Site Acquisition				
9	1450 Site Improvement	35,000	34,992.17		-
10	1460 Dwelling Structures	108,229	93,062.50		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	23,000	0		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities '				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Part I: Summary Expires 4/30/2011

Date	Director	Signature of Public Housing Director		Signature of Executive Director Date	Signature of Ex
-				Amount of line 20 Related to Energy Conservation Measures	25 Amoun
				Amount of line 20 Related to Security - Hard Costs	24 Amoun
				Amount of line 20 Related to Security - Soft Costs	23 Amoun
				Amount of line 20 Related to Section 504 Activities	22 Amoun
				Amount of line 20 Related to LBP Activities	21 Amoun
		219,229	219,229	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Атош
				1502 Contingency (may not exceed 8% of line 20)	19 1502 C
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 9000 C
				1501 Collateralization or Debt Service paid by the PHA	18a 1501 C
Expended	Obligated	Revised ²	Original		
Total Actual Cost 1	Total Ac	Total Estimated Cost	Total E	Summary by Development Account	Line Summ
	Final Performance and Evaluation Report	☐ Final Per		Performance and Evaluation Report for Period Ending:	Performance a
	Revised Annual Statement (revision no: 4/2009)	□ Revised A	cies	al Statement Reserve for Disasters/Emergencies	Original Annual Statement
					Type of Grant
	FFY of Grant Approval:	. X.1.1		Grant Type and Number Capital Fund Program Grant No: OK56P13950107 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: NORMAN HOUSING AUTHORITY
					A SEA OF A SEASON AND ADDRESS OF

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								NO.4	
PHA Name: NORMAN I	PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Gra CFFP (Yes/ No): Replacement Housing Fac	Grant Type and Number Capital Fund Program Grant No: OK.56P13950107 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: OK56P13950: ant No:	107	Federal I	Federal FFY of Grant: 2007	007	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
HA WIDE	ADMINISTRATION	1410	0		8,000	5,000	4,675.89	4,675.89	ONGOING
	OPERATIONS	140	5	•	13,000	61,847.24	13,000	13,000	ONGOING
	NEW COPIER	1408	8	•	15,000	15,000	0	0	ONGOING
	COMPUTER & PHONE UPGRADE		18		24,000	6,327.09	3,327.09	3,327.09	ONGOING
	LAWN EQUIPMENT		5		8,000	0	0	0	
	TRAVEL/TRAINING	1410	0		8,000	3,000	0	0	ONGOING
	LAWN TREATMENT & MOWING	NG 1450	0		15,000	9,615.85	6,615.85	6,615.85	ONGOING
OK56P139002	TUB REPLACEMENT/ REPAIR	1460	Õ		67,690	50,725	50,725	50,725	COMPLETE
	,								
OK56P139001	INTERIOR PAINTING/ REPAIR	1450	0		20,000	25,376.32	25,376.32	25,376.32	COMPLETE
OK.56P139001	EXTERIOR PAINTING/ REPAIR	1460	0		40,539	42,337.50	42,337.50	42,337.50	COMPLETE
TOTAL					219,229	219,229			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages PHA Name: NORMAN HOUSING AUTHORITY		Grant Ty Capital Fu CFFP (Ye Replacem	Grant Type and Number Capital Fund Program Grant No: OK56P13950107 CFFP (Yes/ No): Replacement Housing Factor Grant No:	OK56P139501	07	Federal F	Federal FFY of Grant: 2007	07	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estima	l Estimated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: NORMAN HOUSING AUTHORITY	dule for Capital Fund	Financing Program			Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL ACTIVITIES	10/2008	5/2009	4/2009	10/2009	
A CASA A CARREST TO THE CASA A					

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: NORMAN HOUSING AUTHORITY	edule for Capital Fund JSING AUTHORITY	Financing Program			Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
					The state of the s

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary	ummary				
PHA Name: NO AUTHORITY	PHA Name: NORMAN HOUSING AUTHORITY Grant Type and Number Capital Fund Program Grant No: OK 56P 13950106 Replacement Housing Factor Grant No: Date of CFFP:	3950106			FFY of Grant 2006 FFY of Grant Approval:
Type of Grant	pe of Grant Original Annual Statement I Reserve for Disasters/Emergencies		☐ Revised Annual Statement (revision no:	evision no:	
☐ Perfor	Performance and Evaluation Report for Period Ending:	3	☐ Final Performance and Evaluation Report		al Actual Cast 1
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations (may not exceed 20% of line 21) 3	37,708.36	37,708.00	37,708.00	37,708.00
Ls)	1408 Management Improvements	2,804.64	19,483.64	19,483.64	19,483.64
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
∞	1440 Site Acquisition				
9	1450 Site Improvement	14,218.70	14,218.70	14,218.70	14,218.70
10	1460 Dwelling Structures	172,199.52	152,783.64	152,783.64	152,783.64
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing
OMB No. 2577-0226

Expires 4/30/2011

Date	ng Director	Signature of Public Housing Director		Signature of Executive Director Date	Signature of
				Amount of line 20 Related to Energy Conservation Measures	25 Am
:				Amount of line 20 Related to Security - Hard Costs	24 Аш
				Amount of line 20 Related to Security - Soft Costs	23 Аш
				Amount of line 20 Related to Section 504 Activities	22 Am
				Amount of line 20 Related to LBP Activities	21 Am
234,242.00	234,242.00	234,242.00	234,242.00	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Аш
				1502 Contingency (may not exceed 8% of line 20)	19 150
				9000 Collateralization or Debt Scrvice paid Via System of Direct Payment	18ba 900
				1501 Collateralization or Debt Service paid by the PHA	18a 150
Expended	Obligated	Revised ²	Original		
Total Actual Cost	Tota	Total Estimated Cost	Total L	Summary by Development Account	Line Sur
	☐ Final Performance and Evaluation Report	⊠ Final F		Performance and Evaluation Report for Period Ending:	Performan
J	Revised Annual Statement (revision no:	☐ Revise	ıcies	Original Annual Statement Reserve for Disasters/Emergencies	Original A
					Type of Grant
	FFY of Grant:2006 CFP FFY of Grant Approval:	FF		Grant Type and Number Capital Fund Program Grant No: OK56P13950106 Replacement Housing Factor Grant No: Date of CIFF:	PHA Name: NORMAN HOUSING AUTHORITY
				ary	Part I: Summary

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

TOTAL		SECUR	OK569139002 REHAB	BOILER	EMERG	OK56P139001 PARKIN	COPIER	UNIFORMS	OPERATIONS	FEES / COSTS	HA WIDE TRAINING		Activities	Development Number Gene Name/PHA-Wide		PHA Name: NORMAN HOUSING AUTHORITY	Part II: Supporting Pages
		SECURITY LIGHTS	REHAB KITCHEN / BATH	BOILER / CHILLER REPAIR	EMERGENCY GENERATOR	PARKING REPAIR	2	RMS	TIONS	COSTS	NG			General Description of Major Work Categories	CFFF Repla		
		1460	1460	1460	1460	1450	1408	1408	1406	1410	1408			Account No.	CFFP (Yes/ No): Replacement Housing Factor Grant No:	Grant Type and Number Capital Fund Program Grant No. OK56P13950106	
														Quantity	rant No:	o; OK56P13950	
234,242.00		10,100.00	107,418.74	25,180.78	29,500.00	14,218.70	0	2,212.75	37,708.36	7,310.78	591.89	Original		lotal Estima		106	
			88,593.64	24,590.00			16,679.00		37,708.00	10,048.02		Revised '		Estimated Cost		Federal I	_
		10,100.00	88,593.64	24,590.00	29,500.00	14,218.70	16,679.00	2,212.75	37,708.00	10,048.02	591.89	Funds Obligated ²		i otai Actuai Cost	3	Federal FFY of Grant: 2006	
234,242.00		10,100.00	88,593.64	24,590.00	29,500.00	14,218.70	16,679.00	2,212.75	37,708.00	10,048.02	591.89	Funds Expended ²		Cost		006	
		COMPLETE	COMPLETE	COMPLETE	COMPLETE	COMPLETE	COMPLETE	COMPLETE	COMPLETE	COMPLETE	COMPLETE			Status of Work			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages	CHANGE AND	7	J Nī k			Tadawal I	TV of Crant. 20	V	
PHA Name: NORMAN HOUSING AUTHORITY		Grant Ty Capital Fi CFFP (Yo Replacen	Grant Type and Number Capital Fund Program Grant No: OK56P13950106 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: OK56P139501 ant No:	06	<u>недеган</u>	Hederal FF X Of Granc: 2000	S	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
To the co	1 To be commissed for the Domformores and Explication Donort on a Deviced Annual Statement	Parout or a	Darinad Amusal Statoma	1					

¹ To be completed for the Performance and Evaluation Report or a Revised Armual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: NORMAN HOUSING AUTHORITY	dule for Capital Fund ISING AUTHORITY	Financing Program			Federal FFY of Grant: 2006 CFP
Development Number Name/PHA-Wide Activities	All Fund (Quarter F	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL ACTIVITIES	7/2008	6/2008	7/7010	9/1/2008	
	-				
		Annual Annual Control of the Control			

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: NORMAN HOUSING AUTHORITY	dule for Capital Fund	Financing Program			Federal FFY of Grant: 2006 CFP
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.